



Laboratory Confirmed Influenza Hospitalizations Reporting Worksheet (For Hospital Use)

Reporting hospital: _____

County: _____

Date of report: ____/____/____

Reporting week: ____/____/____ - ____/____/____ (Sunday-Saturday)

Contact name: _____

Contact telephone: _____

Age group	Total Weekly Hospitalizations
0-4	
5-17	
18-49	
50-64	
65+	
Unknown	
Total	

- Laboratory confirmation includes RT-PCR, viral culture, DFA, IFA, and rapid tests.
- Fax this worksheet to the regional health department by NOON on MONDAY for the preceding week. Regional health department contact numbers are available at:
<http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/>
- Report zeros if there were no influenza hospitalizations.
- Contact the regional health department to report an influenza associated death.